

DEPARTMENT OF PUBLIC SAFETY



LIQUOR LICENSING & INSPECTION UNIT  
164 STATE HOUSE STATION  
AUGUSTA, ME 04333  
**WINERY**  
**TABLE WINE**  
**EXCISE TAX & PREMIUM REPORT**

NAME OF LICENSE HOLDER

LICENSE NUMBER

NAME OF WINERY

CURRENT LICENSE EXPIRES

STREET ADDRESS

MONTH OF WITHDRAWAL

TOWN

ZIP

PHONE #

(1) TOTAL GALLONS OF TABLE WINE WITHDRAWN  
FROM BOND THIS LICENSE YEAR TO DATE.

(1) \_\_\_\_\_

(2) TOTAL GALLONS OF TAX PAID TABLE WINE PREVIOUSLY REPORTED TO  
LIQUOR LICENSING AND INSPECTION UNIT THIS YEAR.

(2) \_\_\_\_\_

(3) TOTAL GALLONS WITHDRAWN THIS MONTH.  
(SUBTRACT LINE 2 FROM LINE 1)

(3) \_\_\_\_\_

(4) LESS TOTAL CREDITS CLAIMED.  
(ATTACH DOCUMENTARY EVIDENCE TO JUSTIFY CLAIM)

(4) \_\_\_\_\_

(5) TOTAL TAXABLE GALLONS THIS MONTH.

(5) \_\_\_\_\_

(6) NET EXCISE TAX DUE.  
(MULTIPLY LINE 5 X .30)

(6) \_\_\_\_\_

(7) NET PREMIUM DUE  
(ENTER AMOUNT ON LINE 6)

(7) \_\_\_\_\_

(8) TOTAL NET TAX DUE.  
(ADD LINES 6 & 7)

(8) \_\_\_\_\_

PAID BY CHECK # \_\_\_\_\_

DATED: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

DATED: \_\_\_\_\_

THIS REPORT MUST BE FILED BY THE 10<sup>TH</sup> OF THE MONTH IMMEDIATELY FOLLOWING WITHDRAWAL FROM THE  
BONDED AREA.

REVISED 11/2005

**DEPARTMENT OF PUBLIC SAFETY**